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CONFIRMATION NO. 4004

<b>SERIAL NUMBER</b> 10/505,469	<b>FILING OR 371(c) DATE</b> 08/20/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3775	<b>ATTORNEY DOCKET NO.</b> 09955.0047-00000	
<b>APPLICANTS</b> Frederic Fortin, Passerines, FRANCE; Johann Robin, Begles, FRANCE;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR02/02547 07/17/2002  <b>** FOREIGN APPLICATIONS *****</b> FRANCE 01/09628 07/18/2001  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/05/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 90934					
<b>TITLE</b> FLEXIBLE VERTEBRAL LINKING DEVICE					
<b>FILING FEE RECEIVED</b> 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		